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PTO/SB/01 (12-97)

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17497 U.S. PRO
10/633359
08/04/03



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Atto m y D cket Num b r		_____
First Named Inventor		WESLEY ALLEN
COMPLETE IF KNOWN		
Application Number		2,1430936
Filing Date		JUNE 10 th . 03
Group Art Unit		_____
Examiner Name		PATRICK LALONDE

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MANUALLY OPERATED PILL DISPENSER

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) 06, 10, 03 as United States Application Number or PCT International

Application Number 2,1430936 and was amended on (MM/DD/YYYY) 06, 10, 03 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
YES	NO				
<u>2,1430936</u>	<u>CANADA</u>	<u>06,10,03</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>2,311,269</u>	<u>CANADA</u>	<u>06,20,00</u>			

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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